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RURAL DISTRICT OF WADEBRIDGE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

Year Ending 31st December, 1953

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PUBLIC HEALTH STAFF:

Medical Officer of Health:

J. REED, M.B., Ch.B., B.Sc., D.P.H.

Surveyor and Sanitary Inspector:

A. E. BEWES, F.R.I.C.S., etc.

Additional Sanitary Inspector:

R. NAPIER SPEIRS, M.R.San.A., M.S.I.A., R.P.

Mr. Chairman and Councillors,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1953.

The vital statistics show no significant change in the number of births, with a rate of 13.7 live births per 1,000 population. Still births were increased, but infant deaths fell to only 2. Rates have not been expressed for these items since the figures are small and fluctuate widely from year to year. The crude death rate was slightly higher than last year and above the rate for England & Wales, though correction gives a rate approximately the same as for the country as a whole.

Good progress was made on the Council's scheme to water the district from the De Lank river. At the time of writing, water has been sampled and is in use in some of the parishes west of the river Camel. The Council are to be congratulated on carrying this scheme to completion by their own efforts without the co-operation of more timorous Authorities who withdrew from the supply. The expense will be well justified in aiding the development of the district and ensuring its future prosperity. The treatment works are excellent and will produce a water of good quality, but it is a disappointment that the addition of flourides could not be secured at the outset. The Ministry's trials will delay the installation for many years to come, and it would appear that only a well advised public demand will hasten this measure for the prevention of dental decay.

The new water supply will increase the prosperity of the two major industries of the Rural District. On the one hand, the Council has a keen, though indirect, interest in the agricultural industry, having lost the last of its functions to the Ministry of Agriculture. On the other hand the Council has a vital and direct interest in the holiday trade, for it is on the reputation of our coastal parishes that its popularity rests. The Council has many functions which concern this aspect of the district, some of which are not being pursued with a great deal of vigour. We are familiar with the frequently recurring nuisances of inadequate sewage disposal systems, with beach pollution and fouling of streams, which are likely to increase in the parishes where better water supplies have been introduced. I have frequently reported my observations on outbreaks of food poisoning which occur each year in the summer time, and which undoubtedly injure the reputation of hotels and the district generally. It is true that the general standard of licensed camping sites has been improved, but unlicensed sites continue to be used above the statutory period of six weeks, which create nuisance and discomfort to the immediate residents. Both the Clerk's department and the Public Health Department are approached during the holiday season concerning certain types of unsuitable accommodation let to holiday makers and much undesirable overcrowding exists. No sanitary provisions are available for some beaches in the district which attract many

hundreds of visitors. My own feeling is that the supervision and development of amenities of the beaches should warrant the Council's special consideration and more particularly occupy a single sanitary inspector for the greater part of the year.

One aspect of holiday making there is, which concerns the visitor most particularly and for which the Council are not responsible. I refer of course to the drowning accidents which occur regularly each year, in which a few foolhardy individuals harm the reputation of our foreshores. Disasters of this nature not only affect those directly concerned, but produce an atmosphere of anxiety for all persons, particularly parents present at such an incident, sufficient to mar a holiday. Demonstrations of the most up-to-date life saving equipment suggest that little is of real value in such a crisis, and the safest remedy is to obey the signs so obviously placed by the Council, to prevent such accidents.

It is of course extremely difficult for a Rural District of this size to provide, without financial assistance, facilities adequate for a population which is at least quadrupled for three months out of the year, and due regard should be taken by County and Ministerial bodies when schemes for improvement are presented. The problems are however worthy of solution, for there are few places in the country where the natural beauty of sea, sand and rock can be so fully enjoyed, and it should be our aim whilst retaining the attractiveness of the area to ensure that visitors may be as free from risk of physical injury as possible and that they may enjoy without discomfort as much of their stay as our variable climate allows.

I should like to express my thanks to the Members of the Council and its officials for their help during the year, and beg to remain,

Your obedient servant,

JOHN REED,

Medical Officer of Health.

I. STATISTICS.

General Statistics.

Area in Acres	.....	88,064
Estimated mid year population	.....	16,410
Number of Inhabited Houses	.....	4,878
Rateable Value	.....	£75,949
Product of Penny Rate	.....	£311.19.5d.
Comparability Factors		
(a) Births	.....	1.13
(b) Deaths	.....	0.89

Vital Statistics.

Live Births.

TABLE I.

Number of Registered Live Births, 1953.

		Male	Female	Total
Legitimate	.....	105	109	214
Illegitimate	.....	4	7	11
		<hr/>	<hr/>	<hr/>
Total	.....	109	116	225
Birth Rate per 1,000 population				13.71
Birth Rate per 1,000 population England & Wales				15.5

Still Births.

TABLE II.

Number of Still Births Registered, 1953.

		Male	Female	Total
Legitimate	.....	6	4	10
Illegitimate	.....	—	—	—
		<hr/>	<hr/>	<hr/>
Total	.....	6	4	10

Infant Mortality.

TABLE III.

Number of Infant Deaths, 1953.

		Male	Female	Total
Legitimate	.....	2	—	2
Illegitimate	.....	0	—	0
		<hr/>	<hr/>	<hr/>
Total	.....	2	—	2

One infant death occurred during the first month of life.

Deaths.

Number of Registered Deaths, 1953.

	Male	Female	Total
	107	104	211
Crude Death Rate per 1,000 population		.....	12.71
Death Rate per 1,000 population England & Wales		.....	11.4

TABLE IV.

Distribution of Deaths by Diseases, 1953.

	Male	Female	Total
Heart Disease	38	42	80
Diseases of Intracranial Vessels	12	11	23
Other Circulatory Diseases	8	6	14
Respiratory Diseases (Excluding tuberculosis)	9	7	16
Diseases of Urinary System	3	1	4
Suicide, Accident or Violence	6	1	7
Cancer	15	22	37
All other Causes	16	14	30
Total	107	104	211

TABLE V.

Distribution of Ages at Death.

	Male	Female	Total
0—1 month	4	1	5
1 month—1 year	—	1	1
1 year—20 years	5	1	6
21—40	6	—	6
41—60	16	10	26
61—70	27	25	52
71—80	34	36	70
81—90	15	25	40
91 plus	—	5	5
Total	107	104	211

II. GENERAL PROVISION OF HEALTH SERVICES.

1. HOSPITAL AND MATERNITY ACCOMMODATION.

There were no changes in the hospital services to the district during 1953. Maternity cases continued to travel long distances to reach hospital or nursing homes. The journeys must frequently cause great anxiety to those involved. Seventy nine of the total live births (225) registered to the district took place in hospital or nursing home. The greater proportion of these were normal cases which if suitable accommodation had been at hand could well have been managed by General Practitioners and Midwives. A growing need exists for maternity accommodation in the area.

Excellent co-operation was established with the Chest Physician at the East Cornwall Hospital in the supervision of contacts of tuberculous persons, and the work proceeded without major difficulties. The main cause for anxiety lies in the inadequacy of the out-patients department of the hospital. Those who are familiar with it appreciate the discomfort and inconvenience of waiting in the small corridor, which cannot accommodate the numbers of patients requiring to be seen on busy days. The hospital urgently requires expansion to cope with the large numbers of people now attending its out-patient and physio-therapy departments, and also to provide staff accommodation.

2. LABORATORY SERVICES.

These were available to the Local Authority through the Public Health Laboratory services, Truro, and the Laboratory at Exeter.

3. COUNTY COUNCIL SERVICES.

(a) Ambulance and Hospital Car Services.

The arrangements made by the County Council were adequate in providing ambulance coverage for the district. An attempt was made during the year to avoid the inconvenience of long journeys in the Rural District for sitting cases by bringing individual cases to a central collection point by hospital car, to continue the journey to hospital by utilecon. The experiment proved successful and is now continuing where possible.

(b) Maternal and Child Welfare.

Infant Welfare Centre. The Centre in Wadebridge continued to be held fortnightly with an average attendance of 25 per session.

Mothercraft Classes. These were held fortnightly on Tuesdays by the Midwives serving the district immediately surrounding Wadebridge.

(c) Prevention of Illness, Care and After-care.

All notified cases of tuberculosis were visited regularly throughout the year and household contacts were radiographed and tuberculin tested where necessary with a view to B.C.G. vaccination. Twelve new contacts were vaccinated and 4 known to be tuberculin negative refused inoculation. Cases were referred to the National Assistance Board for financial aid where appropriate. No grants were made through the County Council.

(d) Immunisation Service.

The combined vaccine for diphtheria and whooping cough immunisation continued to be used almost exclusively throughout the district, 136 children completing a course of immunisation for both diseases. Thirty eight received protection against diphtheria only and 9 against whooping cough. The use of the combined did not produce the increase in the immunisation rate which had been hoped for. Only 110 of 246 children born in 1952 had been immunised by the end of 1953, or 44% as compared with 43% in 1953. Ninety five persons received primary vaccinations and 38 were re-vaccinated against small-pox.

School Health Services.

Most of the schools in the district were re-decorated during the summer holidays in light attractive colours, which were a pleasing change from the drab decorations previously in existence. No other changes were made in the premises. Over-crowding exists mainly in the Wadebridge schools, but all premises are of particularly low standard. The physical

condition of pupils examined during 1953 was good, only very few being below an average standard. Educationally sub-normal children continued to cause concern as special educational facilities are difficult to provide in rural schools. Co-operation of parents regarding admission to residential special schools is not always easy to secure. School Meals and Milk were adequately provided.

III. SANITARY CIRCUMSTANCES.

Water Supplies.

The Wadebridge piped supply continued to yield samples of varying bacterial quality but no shortage was experienced. The North Cornwall Joint Water Board supply though not nearly so frequently sampled as is desirable gave satisfactory results throughout the year. Private supplies from wells and springs examined on request were usually of poor bacterial quality. The good progress on the De Lank Scheme is encouraging and should ultimately overcome the anxieties which have previously been experienced regarding water supplies to the district for many years.

Sewerage and Sewage Disposal.

The schemes for Lanivet and St. Merryn made little material progress during the year. Plants at Penmayne and St. Merryn which were a source of complaint were covered over. Disposal system at Pendrift was unsatisfactory and the Council agreed to obtain a new site for treatment works. The cess-pit emptier was frequently in use, dealing with overflowing systems, and numerous unsatisfactory means of disposal causing nuisance were encountered throughout the district. In particular the coastal areas of Treyarnon, Daymer Bay and Polzeath caused considerable anxiety. The Council agreed to obtain schemes for a sewage disposal system for these areas.

New Public conveniences were brought into use at Polzeath, Port Gaverne and Wadebridge.

Refuse Collection.

The tip at Bradford's Quay, Wadebridge, continued to be used, though not completely controlled. A new refuse collecting vehicle was purchased to facilitate additional work undertaken at St. Eval aerodrome.

Camping Sites.

The licensed sites in the district were reasonably maintained and gave rise to no complaint or nuisance. One un-licensed site in Trebetherick was poorly maintained and resulted in numerous complaints. It is hoped that the combined efforts of the Planning Authority and the Council will produce a more favourable site in future. It seems most likely that the demand for caravan sites will increase each year and the Council should ensure that adequate facilities are available for this type of holiday maker and that the comfort of permanent residents is not interfered with.

Sanitary Inspection.

Summary of Visits.

Sewage Disposal	.....	91
Drain Tests	.....	67
Housing Defects	.....	20
Building Inspections	.....	69
Food and Drugs	.....	27
Water Supplies	.....	18
Nuisances	.....	15
Infectious Diseases	.....	18
Public Conveniences	.....	9
Camping Sites	.....	18
Ice Cream Premises	.....	5
Milk	.....	1
Verminous Premises	.....	1
General	.....	52
		<hr/>
		408
		<hr/>

IV. HOUSING.

Sixty Council houses and 38 private enterprise houses were completed during 1953. Five houses were represented to the Council under Section II, Housing Act. 1936. An undertaking not to use for human habitation was obtained relating to one 'chalet.'

V. FACTORIES AND WORKSHOPS.

No visits were made to these premises during the year.

VI. FOOD AND DRUGS.

Ice Cream.

Seven new registrations were made for the sale of prepacked ice-cream. No samples of ice-cream were submitted to the laboratory.

Slaughter of Animals.

TABLE VI.

Carcases Inspected and Condemned.

	Cattle excluding Cows.		Cows.	Calves.	Sheep.	Pigs.
Number Killed	1,617			4,422	1,348	696
Number Inspected	1,617			4,422	1,348	696
All diseases except Tuberculosis.						
Whole Carcases condemned	6	25		41	121	26
Part Carcases	234	Nil		5	170	32
Tuberculosis only						
Whole Carcases condemned	7	20		Nil	Nil	4
Part Carcases	29	Nil		Nil	Nil	10

Food and Drug Samples.

The County Council's Inspectors submitted 49 milk and 27 other samples for analysis during 1953. All samples were genuine.

VII. PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

Notified Infectious Diseases, 1953.

(excluding Tuberculosis.)

Whooping Cough	.....	66
Measles	.....	65
Food Poisoning	.....	12
Primary Pneumonia	.....	9
Puerperal Pyrexia	.....	3
Scarlet Fever	.....	1
Erysipelas	.....	1
		<hr/>
		157
		<hr/>

Whooping cough continued to be the most frequently notified infectious disease. Measles was predominant during the first half of the year. Food poisoning was notified during the summer months, all notifications concerned with one coastal parish. The organism responsible was identified as *Salmonella Typhi-murium* once more, and the possible association of some of the cases with duck eggs, which were shown to be infected with the same organism, was indicated. Other cases occurring at the same time had no such association and the possibility of other sources of infection in those cases apparently infected from duck eggs could not be ruled out. The varied eating habits and eating places of holiday makers makes the source of food poisoning difficult to trace.

Tuberculosis.

TABLE VII.

		Pulmonary.		Non-Pulmonary.		Total
		Males	Females	Males	Females	
Notified cases at 1.1.53	.....	34	18	2	11	65
New Notifications, 1953	.....	1	3	1	1	6
Transfers to Rural District	.....	2	4	—	—	6
Total Entries	.....	37	25	3	12	77
Removals and Discharges from the Rural District	.....	9	5	—	—	14
Deaths	.....	2	—	—	—	2
Total Removed	.....	11	5	—	—	16
Total Remaining 31.12.53.	.....	26	20	3	12	61

Only six new cases of tuberculosis were notified during the year, compared with 14 in 1952. The supervision of contacts continued during the year. All new contacts were radiographed and where desirable tuberculin tested. Twelve negative contacts were given B.C.G. vaccination. Two new cases were discovered amongst the contacts of known cases.

APPENDIX I.

WATER SAMPLES, 1953.

North Cornwall Joint Water Board Supply.

Date		Number of Coliform Bacilli per 100 ml.	Number of faecal coli per 100 ml.
14. 1.53	.....	1	0
17. 6.53	.....	0	0
26.10.53	.....	160	0
21.10.53	.....	5	0

APPENDIX II.

WATER SAMPLES, 1953.

Wadebridge Supply.

Date		Number of Coliform Bacilli per 100 ml.	Number of faecal coli per 100 ml.
7. 1.53	.....	90	0
14. 1.53	.....	13	0
28. 1.53	.....	0	0
18. 2.53	.....	25	0
11. 3.53	.....	0	0
10. 4.53	.....	8	0
13. 5.53	.....	7	0
17. 6.53	.....	1	0
8. 7.53	.....	8	0
16. 9.53	.....	5	0
23. 9.53	.....	35	17
14.10.53	.....	0	0
21.10.53	.....	13	0
28.10.53	.....	30	17

